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Systematic review of interventions to improve outcomes associated with do-not-attempt-resuscitation ordersRichard Field^{1,*}, Gavin Perkins¹, Annalie Baker²¹ University of Warwick/Heart of England NHS Trust, Warwick, UK² Heart of England NHS Trust, Birmingham, UK

Purpose of study: Despite being in existence for over 30 years,¹ the implementation and recording of do not attempt resuscitation (DNAR) orders is often poor.² Orders are often not issued when required and patient involvement in decision making is sub-optimal.² This review set out to identify interventions to improve implementation of in-hospital adult DNAR orders.

Materials and methods: Ovid Medline (1996–February 2012) was searched using “DNAR” OR “DNR” OR “do not attempt resuscitation” as text words. The search was combined using OR with “resuscitation orders” as a MeSH term. The search was limited to the last 10 years and English language.

Results: 900 citations were identified of which 10 studies were relevant. Three studies investigated the introduction of pre-printed DNAR forms. Two studies investigated the effect of modifying existing forms. Two studies investigated staff educational interventions and a further two investigated patient educational intervention. The remaining study investigated the impact medical emergency teams have on issuing DNAR orders.

Conclusions: The use of pre-printed forms can help ensure key elements of the DNAR decision are recorded and modification of existing forms can help address factors which are poorly recorded. Despite the benefit in documentation forms alone do not change the prevalence of DNAR orders. The role of staff education is unclear however patient educational interventions which actively engage patients on admission improve recording of their CPR preferences. Medical emergency teams are more likely to issue DNARs compared to standard emergency teams the reason for this is unclear. Further research is needed to identify effective interventions which improve identification of patients for whom resuscitation is not appropriate.

Reference

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AP256

Presence of family members during care of critically ill patients

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Ethical issue of the presence of family members during care of critically ill patients is always controversial among physicians.

The objective of research is to determine the attitude that physicians take about the presence of family members during care of critically ill patients.

Prospective internet survey was randomly distributed to 2000 e-mail addresses among physicians practicing in primary, secondary and tertiary health care centres in Vojvodina. Results of the survey were collected between Nov. 18 and Dec. 28 in 2011. Results were analyzed with statistical analysis program SPSS.

The survey resulted with 119 answers. 50/119 (42%) answers were from primary health care, 20/119 (17%) from secondary and 48/119 (40%) from tertiary health care. 93/119 (78%) physicians pro-

vided feedback were involved in care of critically ill patients. 61/119 (51%) physicians reported presence of family members during care of adult critically ill patients not beneficial. 94/119 (79%) physicians preferred no family members presence during procedures. 32/119 (27%) physicians thought that presence of family during procedure was beneficial for patients. 57/119 (48%) physicians reported presence of family as beneficial for family members themselves even during medical interventions which had fatal outcome 78/119 (66%) physicians reported benefits from communication with the family about the events and medical history of the patient which resulted in specific intervention. 38/119 (32%) physicians worked in institutions where visit from priest was available for critically ill patients. Church spot existed in institutions where 34/119 (29%) physicians worked. Majority of physicians 52/119 (44%) rated their knowledge and skills as 4 out of 5 for the care of the critically ill patient which they provided.

The ethical question of the rights about family presence during critical procedures in Serbia is not determined yet in legislation and it is still left to the discretion of the physician.

Further reading

- [1].Leung NY, Chow SK. Attitudes of healthcare staff and patients' family members towards family presence during resuscitation in adult critical care units. *J Clin Nurs* 2012;21:2083–93.
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Attitude of elderly patients towards cardiopulmonary resuscitation in Greece

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Purpose of the study: It is important that healthcare providers understand the principles of end-of-life decisions before they are faced with a situation where a decision to resuscitate or not must be made. The aim of our study was to determine the attitude of hospitalized older patients towards cardiopulmonary resuscitation (CPR).

Materials and methods: We conducted a survey using one basic questionnaire in five different hospitals in Greece from June to November 2010.

Results: In total, 300 questionnaires were collected. Although patients' knowledge regarding CPR is poor, most of them (87.7%) would like to be resuscitated in case they suffered an in-hospital cardiac arrest. The good quality of life ($p=0.003$), high educational level ($p=0.002$), increased knowledge regarding CPR ($p=0.036$), and the strong relationship with their family members ($p=0.020$) were associated with increased willingness to accept resuscitation in case of in-hospital cardiac arrest. However, the influence of several factors, such as their general health status or the underlying pathology, may lead patients to give a 'do-not-attempt resuscitation' order.

Conclusions: Most of the older patients would like to undergo CPR in case they suffer an in-hospital cardiac arrest and believe that they should have the right to accept or deny treatment. Medical personnel may play a central role in patient education regarding CPR. We advocate the introduction of advanced directives, as well as the